

Editorials

Well-Developed Democracies in Crisis

ORGANIZED MEDICINE is not often thought of as a well-developed democracy, but in many ways it is. Its policies are proposed, reviewed and adopted by duly elected legislative representatives. Any member of the association may speak and be heard when these policies are being discussed before formal adoption by their representatives who are called delegates. The will of the membership as expressed by this process is then carried out by elected officials and their appointed staffs, who in turn are responsible to the membership and their elected representatives. This surely can be viewed as an example of a well-developed democracy. And the governance of this nation is generally considered throughout the world as among the foremost examples of a well-developed democracy, especially when it is compared with the struggling democratic governments in many less economically advanced nations.

Both of these well-developed democracies (so designated for purposes of this discussion) are now in crisis, groping for ways to cope with the by-products of the unprecedented scientific and technologic achievements of the last half century. A most important result of these achievements has been an enormous growth in human and technologic specialization. This has occurred in both of these democratic systems and has given rise to complex human and technologic interactions within and between them that are as yet poorly understood. These interactions have developed powerful forces that may find common interests and be supportive of one another or there may be disagreement or conflict. All this is producing profound changes in our society to which our democratic institutions will need to adapt. Much of this has been coming to a head in the health care system and its relationships with government.

It is clear that in health care, at least, neither the medical profession nor the government has so far been able to deal effectively with these new interfaces of specialized technology, specialized human interests and the complex interrelationships among them. Rapid change is the order of the day, with or without government regulation. Laws and regulations cannot be enacted or changed fast enough to keep up with this rapid change. Nor is our legal system able to deal promptly and effectively with all the disputes and conflicts that arise. And, perhaps most important, the democratic process itself has difficulty in grasping what is really going on in complex, often very technical, dynamic and rapidly changing situations. Also, by their very nature democratic institutions tend to be quite shortsighted and not to see too clearly beyond the next election. There seems good reason to believe that well-developed democracies are facing new dimensions of challenge that will require new methods and new approaches if they are to be met.

What to do? While these issues are for society as a whole, they have become critical in health care. If health care is viewed as a system of independent, yet related and interdependent parts that must deal with internal complexity and also adjust to rapid change to maintain homeostasis (health), then

a comparison with a biologic system seems logical. It is noteworthy that living organisms must be governed from within, and it is from within that they must adjust to the external environment. The governance must take into account all the components of the system and the relationships among them. Notably the mode is cooperation and coordination rather than competition and conflict. Health, and at times even survival, depends on a smoothly running system that adapts readily to change.

If there is any substance to this analogy then it is little wonder that some of our well-developed democracies are undergoing some kind of crisis. There is genuine need for a more cooperative and collaborative approach involving all those properly concerned with any technical, social, economic or political issue in health care. Fortunately, there are some signs that this may be beginning to happen. The idea of working through coalitions of parties at interest is a very positive step. In contrast, the current societal emphasis on antitrust, open competition and untoward external influences on what should be internal professional responsibility can only be a negative influence.

It is time the well-developed democracies give some more thought to the real nature of the newly emerging interdependent society that science and technology have spawned and how best to make the democratic system work efficiently within it. There is much to be done.

MSMW

The Challenge of Short Stature

ELSEWHERE in this issue, Dr Rimoin and his co-workers review the pathology and physiology of short stature. This topic is particularly timely because of the recent release of synthetic growth hormone for clinical use in this country. For years, the clinical use of growth hormone was tightly constrained because the supply of human growth hormone was entirely dependent on donations of pituitaries after death. Therefore, only a portion of the children who might conceivably benefit from growth hormone therapy were in fact treated with this hormone. By and large, this treatment was limited to those with documented severe growth hormone deficiency. Now that recombinant DNA technology has produced synthetic growth hormone, the potential supplies of this anabolic hormone are essentially limitless. Thus, the question of other possible uses of growth hormone will become part of the practice of more and more physicians in the future.

Our society has a strong bias towards "bigger being better." The prejudice toward "heightism" is just as prevalent as racism and sexism and perhaps more insidious. As has been pointed out,¹ bias in favor of tall people can be seen in many subtle ways. All but two of the American presidents have been above the mean height for their era. Even more striking is the observation that since 1900 the taller candidate has won in 80% of our presidential elections. There have also been a number of studies which suggest that there is a relationship between height and socioeconomic class. These types of observations are manifestations of a pervasive attitude in favor of tall people. It is no wonder that parents come to